

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2002 8:00 am**  
**Secretary of State**

03-07-2002 90029 021 \*\*\*\*61.25

**DOCUMENT # 704428**

1. Entity Name

**OPT-MRS CLUB OF MIAMI BEACH INC**

Principal Place of Business

Mailing Address

% HELEN SEGAL  
 9111 E BAY HARBOR DR #3E  
 BAY HARBOR ISL FL 33154  
 US

9111 E BAY HARBOR DR #3E  
 BAY HARBOR ISL FL 33154  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-6159342**

Applied For

Not Applicable

5. Certificate of Status Desired   **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HELEN SEGAL**  
**9111 E BAY HARBOR DR #3E**  
**BAY HARBOR ISL FL 33154**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **ROTHMAN, ROSE**  
 STREET ADDRESS **100 BAYVIEW DR # 1528**  
 CITY-ST-ZIP **N MIAMI FL 33160**

TITLE **PD**  Change  Addition  
 NAME **Eleanor Kuehner**  
 STREET ADDRESS **1900 So. Ocean Dr. #2F**  
 CITY-ST-ZIP **Hallandale, FL #33009**

TITLE **TD**  Delete  
 NAME **HELEN SEGAL**  
 STREET ADDRESS **9111 E BAY HARBOR DR #3E**  
 CITY-ST-ZIP **BAY HARBOR ISL FL 33154**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **SD**  Delete  
 NAME **MORRIS, MYRNA**  
 STREET ADDRESS **9300 W BAY HARBOR DR #3B**  
 CITY-ST-ZIP **BAY HARBOR ISL FL 33154**

TITLE **VP**  Change  Addition  
 NAME **Morris, Myrna**  
 STREET ADDRESS **9300 W. Bay Harbor Dr. #3B**  
 CITY-ST-ZIP **Bay Harbor Isl, FL. #33154**

TITLE **RSD**  Delete  
 NAME **KUR, NORMA**  
 STREET ADDRESS **4747 COLLINS AVE**  
 CITY-ST-ZIP **MIAMI BEACH FL**

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE **P**  Delete  
 NAME **WEINSTEIN, BERNICE**  
 STREET ADDRESS **19925 NE 10TH PL WAY**  
 CITY-ST-ZIP **NORTH MIAMI BCH FL 33179**

TITLE **SD**  Change  Addition  
 NAME **Weinstein Bernice**  
 STREET ADDRESS **19925 N.E. 10th Pl Way**  
 CITY-ST-ZIP **North Miami Beach, FL. #33179**

TITLE \_\_\_\_\_  Delete  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

TITLE \_\_\_\_\_  Change  Addition  
 NAME \_\_\_\_\_  
 STREET ADDRESS \_\_\_\_\_  
 CITY-ST-ZIP \_\_\_\_\_

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_

*HELEN SEGAL*

305/866-1385 2/19/02

CFR2E037 (9/01)